

CCC Early Detection and Screening Committee Meeting Minutes
Thursday, June 29, 2006
2:00 – 4:00 pm
Conference Call-in number 602-542-9001

Attendees: Tracy Reardon, Heidi Behrens, Sharon Gray, Wendy Satoyoshi, Charlton Wilson, Lauren Tancona, Scott Sadler, MaryAnn Smythe, Dale Hruska, Richard Jones, Wendy Tee, Virginia Warren, Jennifer Kjos, Jennifer Lenz
Apologies: Peter Lance, Margaret Hoeft

Agenda Items	Discussion	Follow-up Items
Review 5/24/06 Meeting Minutes	Previous meeting minutes were reviewed. No changes were made.	
Written Strategy – U of A Evaluation Team Feedback	<p>Feedback was reviewed from the University of Arizona Evaluation Team in response to the committee's prioritized objectives and strategies that were submitted as part of the logic modeling process. The recommendation from the evaluation team was to further define and clarify some of the objectives as outlined in their written feedback.</p> <p>Questions from the evaluation team included: Strategies 2.1 and 2.3</p> <ul style="list-style-type: none"> - In developing media and educational messages, are the same messages for all audiences? Do we know the root of the fears, myths and emotions behind screening? If not, how will these education messages be disseminated? Is this a one-time thing, or ongoing? - Unclear on what one on one detailing strategy is exactly - In partnering with rural health communities and providers to identify opportunities to increase access, what is your goal? How are you defining "rural health communities"? These are addressing only a few underlying causes of why screenings are inconvenient, unaffordable, and inaccessible. Writing new objectives around each of these points, knowing they contribute to overall improvement of access etc. might be a good idea. <p>Strategies for 2.8</p> <ul style="list-style-type: none"> - Capacity building meeting. By when? How often will it meet? How will these people be recruited? <p>The committee reviewed data and information on fears, myths, and emotions. Data was reviewed from ACS' colorectal cancer literature review information that was used to develop a colon cancer education video and physician training program. Materials were all focus group tested. This</p>	

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	<p>information included why colorectal cancer screening rates were low according to both patients and physicians, concerns about screening, knowledge of colorectal risk factors among the general population, and attitudes towards getting a test. PacifiCare Health Plan shared barrier analysis categories related to colorectal cancer screening based on their Quality Improvement Projects baseline year analysis. Barriers were categorized as knowledge barriers, acceptance barriers, ability barriers, and reinforcement barriers by both health plan members and health plan providers. For mammography there is well documented literature on barriers to screening. In addition, the Duke Non-Adherent women project aimed at increasing breast cancer screening includes a mammography barrier section that was reviewed.</p> <p>The committee determined that there was enough evidence-based literature and resources that already well define the root of fears, myths and emotions to be utilized to develop messaging for both breast cancer screening and colorectal cancer screening.</p> <p>Additional information on one-on-one “detailing” strategies will be given to the evaluation team. The general concept is to use one on one interactions among physicians, peers, survivors, etc. to encourage others to get screened.</p> <p>The committee discussed how to further define the rural health strategy and access related issues. Ideas to create a statewide community event to increase knowledge and awareness of breast and colorectal cancer screenings were suggested. Efforts to get local community health centers to implement the event as well as hospitals, local physician offices, health departments, health plans, senior centers etc. Ideally having screening opportunities available during the events was suggested. Ideas included an event during March of 2007 during Colorectal Cancer Screening month, or Women’s and Men’s Health Weeks (May and June respectively). Suggestions to advertise information during flu clinics from Oct – Dec. Development of a tool kit was also suggested. Another suggestion is to get the Governor to initiate a proclamation of the day/month/event to get additional community support. More information on existing events was suggested to see how the committee could work within an already</p>	
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	<p>established event.</p> <p>The committee agreed further discussion in this area to detail out a plan was indicated.</p>	
Review Action Item Log	The action item log was reviewed and updated. (See attached item log for information)	
Sharing of organizations current initiatives	<p>ACS – Efforts on colorectal cancer physician detailing, face to face visits in certain areas throughout the state. Education given to follow guidelines and distribute patient education materials. Launching their “No excuses” campaign to send target the myth that colorectal cancer “doesn’t affect me”. Breast cancer – promoting women aged 40+ need annual mammogram. ACS currently uses the ABC’s of breast health.</p> <p>Banner Desert Samaritan – In December promoting an educational program highlighting how important colorectal cancer screening is. On October 13th, from 6-9 pm, having a “Girls Night Out” program that will cover breast cancer among other topics. Event will be publicized in the newspaper and is open to everyone. Expect 120-150 participants.</p> <p>PacifiCare – Publish preventive health guidelines to both physicians and members related to cancer screenings annually. Use “negative lists” to alert physicians of members that have not had a mammogram. Send a post card reminder and a “forget-me-not” seed packet to encourage women to get a mammogram. In addition, auto-dialer reminder phone calls are made to women that have not had a mammogram.</p> <p>Yavapai Community Health Center - Women who are seen in the Well Woman HealthCheck program are also offered colorectal cancer screening. Patients seen in the clinic are connected to AHCCCS or other sliding scale fee services depending on the program requirements.</p> <p>Phoenix Indian Medical Center - Measuring colorectal, breast, and cervical cancer screenings as a performance measure. Implementing small educational initiatives. Promoting NCI educational activities.</p> <p>CDC – Tribal activities include funding screening programs and the National Indian Women’s Health Resource Center. Provided National Dialogue for Cancer specific to Native American Women.</p>	

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	<p>Canyonlands Community Health Care – Currently most providers are on their own related to preventive screenings but currently adding reminders for breast cancer screening and colorectal cancer screening by going to electronic medical records. It was noted that some success has been seen with this type of reminder system.</p> <p>Scottsdale Healthcare – Will be having cancer screenings in April of 2007, right now skin, oral, and prostate, potentially colorectal and breast as well.</p> <p>Arizona Dept Of Health Services – Implements that statewide Well Woman HealthCheck Program for uninsured/underinsured women. Some discussions have taken place with the Steering Committee chairs about the need to have global branding within the CCC program. Efforts are underway to get ACS Public Relations and ADHS Marketing together to begin planning on social outreach strategies.</p>	
Next Meeting Date	Target date for the end of July, the 25 th , 26 th or 27 th .	Jennifer Lenz to schedule next meeting and distribute date, time, and meeting location information.